

Example<sup>a</sup>

24  
181

## Initial Notification of Applicability<sup>b</sup>

National Emission Standards for Hazardous Air Pollutants:  
Stationary Reciprocating Internal Combustion Engines  
40 CFR Part 63 Subpart ZZZZ

REC'D  
SEP 03 2010  
AFCCU

☒ Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 221112

Compliance Date: ☒ Existing source: May 3, 2013 ☐ New/reconstructed source: upon initial startup

**Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:**

- Existing non-emergency CI stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: City of Johnson City, KS 67855

Facility name (if different): \_\_\_\_\_

Facility (physical location) address: 402 South main Street

My facility is a (please choose one): ☐ Major source ☒ Area source  
☐ Synthetic minor

<sup>a</sup> This is an example of the type of information that must be submitted to fulfill the Initial Notification of Applicability Status requirement of 40 CFR 63, subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

<sup>b</sup> Initial Notification is due 120 days after the effective date of the rule or 120 days after you become subject to the rule

Example<sup>a</sup>

Owner name/title: \_\_\_\_\_

Owner/company address: \_\_\_\_\_

\_\_\_\_\_

Owner telephone number: \_\_\_\_\_

Owner email address (if available): \_\_\_\_\_

If the Operator information is different from the Owner, please provide the following:

Operator name/title: Alan Schweitzer City Superintendent

Operator telephone number: 620-492-2322

Operator email address (if available): City @ pld.com

I hereby certify that the information presented herein is correct to the best of my knowledge.

Alan Schweitzer  
(Signature)

8-31-2010  
(Date)

ALAN Schweitzer Superintendent  
(Name/title)

(620) 492 2322  
(Telephone No.)